

**SOUTH PASADENA SENIOR CENTER**

1102 Oxley Street  
South Pasadena CA 91030  
(626) 403-7360

**HOME DELIVERY MEALS PROGRAM**

**Request for Emergency Home Delivered Meals**

The delivered meal program is intended to provide a hot nutrition meal 5 days per week to the frail elderly and those older adults recovering from an illness. The meal is not intended for those that are ambulatory and able to participate in the on-site program offered by the Senior Center.

Name (Person/s Receiving Meal): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Race & Ethnicity:

☐ White ☐ Black ☐ American Indian, Eskimo or Aleut

☐ Asian or Pacific Islander ☐ Other race ( Please Specify): \_\_\_\_\_

☐ Hispanic Origin (of any race): ☐ Yes ☐ No

**Need of home delivery meal due to:** ☐ **Illness** ☐ **Frail** ☐ **Disabled**

Explanation: \_\_\_\_\_

**Anticipated amount of time meal/s needed:** Meal(s) Needs \_\_\_\_\_

☐ 2 Weeks ☐ 1 Month ☐ 3 Months ☐ 6 Months ☐ Other \_\_\_\_\_

**Emergency Contact Information (2):**

1. Name: \_\_\_\_\_

Address & Phone Number: \_\_\_\_\_

**Account Information:**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Person Paying for Meals (other than client):** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Evaluation by: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date: \_\_\_\_\_